

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023188

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

433

FILED JUN 27 1963

VS 300  
Rev. 4/59

1 0109

2 0269

3

4 0

5 1

6

7 0

8 1

9 500X

10

11

12 2-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia, Missouri

Length of stay in lb

2 days

c. FULL NAME OF IF NOT in hospital, give location  
HOSPITAL OR INSTITUTIONUniversity of Missouri  
Medical Center

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cole

admission)

c. CITY

OR

Jefferson City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

730 East High

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

George

J.

Foster

4. DATE  
OF DEATH

Month

Day

Year

June 24, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-5-90

## 9. AGE (last birthday)

72 years

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

## 10b. KIND OF BUSINESS OR INDUSTRY

Rail Road

## 11. BIRTHPLACE (City and state of country)

Randolph County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Will Foster

## 13b. MOTHER'S MAIDEN NAME

Lucy Noel

## NAME OF HUSBAND OR WIFE

Mrs. Effie Foster

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

University of Mo. Medical Records

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Ruptured esophagus with hemorrhage

2 days

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

## DUE TO (b)

Mallory-Weiss Syndrome

2 days

## DUE TO (c)

Acute &amp; Chronic Asthmatic Bronchitis

40 years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary Emphysema

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

6/22/63

to

6/24/63

and last saw her alive on

6/24/63

Death occurred at

3:05

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Hugh B. Higginbotham, M.D.

## 22b. ADDRESS

Univ. of Mo. Med. Center, Columbia

## 22c. DATE SIGNED

6/24/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6-27-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

## 23d. LOCATION (City, town, or county)

Moberly, Mo.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle, Columbia, Mo

## 25. DATE RECD. BY LOCAL REG.

June 25 1963

## 26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

121-557-6015

JUN 28 1963

9010  
P223

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1

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard A. Leever

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.